

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>h/v</i>		
O.I.P.E. CLASSIFIER		<i>43</i>	<i>12/3/01</i>
FORMALITY REVIEW	<i>M.K.</i>	<i>1107</i>	<i>12/6/01</i>
RESPONSE FORMALITY REVIEW	<i>1</i>		

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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29	✓		
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50	✓		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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